

<b>Case Number:</b>	CM14-0003914		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	02/06/2000
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient reported a date of injury of 02/06/2000. According to the progress report dated 12/09/2013 by [REDACTED], the patient presents with back pain and bilateral radiculopathy. The patient reports her pain level is worse since her last visit. She states her medication provide adequate pain relief. Examination of the lumbar spine revealed minimal pain with range of motion (ROM) negative straight-leg rising (SLR) and normal motor/sensory. The indications and risks of both interlaminar and transforaminal injections were discussed and the patient determined she would like to proceed with the injections. The physician requests "lumbar transforaminal epidural injections bilaterally L4, L5, and S1." Provided in the medical file is operative report from 01/24/2013 which indicates the patient underwent a lumbar transforaminal epidural injection at bilateral L4, L5, and S1. [REDACTED] in his request for authorization from 12/09/2013 requests a lumbar transforaminal epidural injection "including repeat injections x2 bilateral L4, L5, and S1.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**BILATERAL LUMBAR L4 TRANSFORAMINAL EPIDURAL STEROID INJECTION:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIs), page 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs Page(s): 46-47.

**Decision rationale:** This patient presents with chronic low back pain. The physician is requesting a bilateral lumbar L4, L5 and S1 transforaminal epidural steroid injection. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." For repeat injections during therapeutic phase, "Continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year". In this case, the patient does not present with radicular pain and has a negative straight leg raise test. Furthermore, there are no MRI findings to corroborate any possible radicular complaints. In addition, the two progress reports provided for review do not document at least 50% pain relief and reduction of medication from prior injection a required by MTUS. The request for bilateral lumbar L4 transforaminal epidural steroid injection is not medically necessary and appropriate.

**BILATERAL LUMBAR L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIs), page 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46-47.

**Decision rationale:** This patient presents with chronic low back pain. The physician is requesting a bilateral lumbar L4, L5 and S1 transforaminal epidural steroid injection. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." For repeat injections during therapeutic phase, "Continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year". In this case, the patient does not present with radicular pain and has a negative straight leg raise test. Furthermore, there are no MRI findings to corroborate any possible radicular complaints. In addition, the two progress reports provided for review do not document at least 50% pain relief and reduction of medication from prior injection a required by MTUS. The request for bilateral lumbar L5 transforaminal epidural steroid injection is not medically necessary and appropriate.

**BILATERAL LUMBAR S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIs), page 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46-47.

**Decision rationale:** This patient presents with chronic low back pain. The physician is requesting a bilateral lumbar L4, L5 and S1 transforaminal epidural steroid injection. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." For repeat injections during therapeutic phase, "Continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year". In this case, the patient does not present with radicular pain and has a negative straight leg raise test. Furthermore, there are no MRI findings to corroborate any possible radicular complaints. In addition, the two progress reports provided for review do not document at least 50% pain relief and reduction of medication from prior injection a required by MTUS. The request for bilateral lumbar S1 transforaminal epidural steroid injection is not medically necessary and appropriate.

**FLUOROSCOPIC GUIDANCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIs), page 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46-47.

**Decision rationale:** This patient presents with chronic low back pain. The physician is requesting a bilateral lumbar L4, L5 and S1 transforaminal epidural steroid injection with Fluoroscopic guidance. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." For repeat injections during therapeutic phase, "Continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year". In this case, the patient does not present with radicular pain and has a negative straight leg raise test. Furthermore, there are no MRI findings to corroborate any possible radicular complaints. In addition, the two progress reports provided for review do not document at least 50% pain relief and reduction of medication from prior injection a required by MTUS. Given the patient does not meet the criteria for an ESI, the requested fluoroscopic guidance is not medically necessary.

**EPIDUROGRAPHY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIs), page 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46-47.

**Decision rationale:** This patient presents with chronic low back pain. The physician is requesting an ESI and Epidurography. The MTUS guidelines pages 46, 47 recommends ESI as an option "for treatment of radicular pain defined as pain in dermatomal distribution with collaborating findings on imaging studies." For repeat injections during therapeutic phase, "continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." In this case, there is no documentation that the patient obtained 50% pain and functional improvement from the prior injection. Furthermore, the patient does not have any radicular pain with corroborated imaging. Given the patient does not meet the criteria for an ESI, the requested Epidurography is not medically necessary.